



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296, Fax (502) 696-5849 ~ <http://mft.ky.gov>

APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the application fee of fifty dollars (\$50.00), and an initial licensure fee of twenty five dollars (\$25.00). These fees are non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 335.332 and 201 KAR 32:025.
5. This completed form may be submitted to the Kentucky Board of Licensure for Marriage and Family Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602, or by hand delivery to 911 Leawood Drive, Frankfort, KY 40601.

SECTION 1 – PERSONAL BACKGROUND

1. Name: Last _____ First _____ Middle Initial _____ Social Security Number _____
2. Mailing Address: Street _____ City _____ State _____ Zip Code _____
County of Residence _____ Home Phone _____ Work Phone _____ Email Address _____
3. Do you currently hold a Marriage and Family Therapist Associate Permit? ☐ Yes ☐ No. If Yes, Permit # _____
4. Have you ever been credentialed as a marriage and family therapist in any other state? ☐ Yes ☐ No.
If yes, what state? _____ Is the license active at this time? ☐ Yes ☐ No.
Title of credential: _____
5. Has your certification or licensure in Kentucky or any other state ever been suspended or revoked? ☐ Yes ☐ No.
If yes, give details: _____
6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any Professional training program, or from the program of any university? ☐ Yes ☐ No. If yes, please provide details. _____
7. Have you ever been convicted of a felony? ☐ Yes ☐ No. If yes, what offense? _____
(Submit court documents resolving case)
8. Do you hold clinical membership in the American Association for Marriage and Family Therapy? ☐ Yes ☐ No.
9. Have you ever been sanctioned by AAMFT or by other professional associations for ethical misconduct? ☐ Yes ☐ No.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/permit revoked by the Board.

Date: _____ Applicant's Signature: _____



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SECTION 2 – PART A – EDUCATION

School	Name and Location	Dates Attended		Date of Graduation		No. Hours or Credits	Degrees Obtained
		From	To	Month	Year		
Undergraduate							
Graduate							

SECTION 2 – PART B – CURRICULUM GUIDELINES (To be completed when applying for Associate State from a non-COAMFTE program.)

MARRIAGE AND FAMILY STUDIES (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should be a fundamental introduction to a wide variety of family structures and a diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

MARRIAGE AND FAMILY THERAPY (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area are intended to provide a substantive understanding of the major theories of marriage and family change and the applied practices evolving from each theoretical orientation. Major theoretical approaches might include strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, and intergenerational family therapy, sex therapy, and related therapeutic approaches.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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HUMAN DEVELOPMENT (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender and human sexuality). Topic area may include: human development, child / adolescent development, personality theory, human sexuality, etc.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

PSYCHOPATHOLOGY / DSM (1 course minimum – 3 semester hours or 45 didactic contact hours required): Courses in this area should cover psychopathology, diagnosis through use of DSM, or applications of DSM marriage and family therapy.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

PROFESSIONAL STUDIES (1 course minimum – 3 semester hours or 45 didactic contact hours required): Courses in this area are intended to contribute to the professional development of the therapist. Areas of study include the therapist's legal responsibilities, professional ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice, and interprofessional cooperation.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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RESEARCH (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required): Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics.

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PRACTICUM / INTERNSHIP (1 course minimum – 300 hours of supervised direct client contact with individuals, couples, and families.) Applicants who did not complete a clinical practicum may satisfy the practicum requirement by using their first 300 post-master's client contact hours under supervision. These hours will not be counted toward the two years of required experience or the 200 hours of supervision.

Educational Institution (Not practicum site)	Course Number	Supervisor(s)	Dates To / From	Total Number of Client Contact Hours